

# WAIMATE HIGH SCHOOL/SCD

## RELIEF PAYMENT FORM

**PLEASE ATTACH THIS FORM TO YOUR INVOICE**

Date 24-26 November 2010

Name of Teacher for whom relief was required \_\_\_\_\_

School \_\_\_\_\_

Actual relief cost incurred \$ \_\_\_\_\_

G.S.T. \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Are you receiving any other relief reimbursement?

Yes

☐

No

☐

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Payment \_\_\_\_\_

Paid \_\_\_\_\_ Date \_\_\_\_\_

**Note: Only actual and realistic relief costs will be reimbursed. The maximum amount payable for a single days relief is \$281.91**